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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	dentify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Shanna First name D. Middle name Perkins Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	FKA Shanna Weatherspoon FKA Shanna McWilliams	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5271	

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Debtor 1 Shanna D. Perkins

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		5572 Goodhue Avenue Rockford, IL 61109				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Winnebago County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known) Debtor 1 Shanna D. Perkins

Par	Tell the Court About	Your B	Sankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7							
	choosing to file under								
		□с	hapter 11						
		□с	hapter 12						
		□с	hapter 13						
I will pay the entire fee when I file my petition. Please check with the clerk's office in you about how you may pay. Typically, if you are paying the fee yourself, you may pay with ca order. If your attorney is submitting your payment on your behalf, your attorney may pay was a pre-printed address.							or money		
					tallments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individuals	s to Pay		
□ I request that my fee be waived (You may request this option only if you are filing for Chapter 7 but is not required to, waive your fee, and may do so only if your income is less than 150% of the that applies to your family size and you are unable to pay the fee in installments). If you choose to out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with							ty line		
) .	Have you filed for	■ No							
	bankruptcy within the last 8 years?								
	lust o years.		District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy	■ No	0						
	cases pending or being filed by a spouse who is	□ Ye							
	not filling this case with you, or by a business partner, or by an affiliate?								
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your		Go to I	ine 12.					
	residence?		■ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?						
		- 10		No. Go to line					
			_		itial Statement About an Eviction .	Judgment Against You (Form 101A) and file it wi	ith this		

Debtor 1 Shanna D. Perkins Document Page 4 of 55 Case number (if known)

Part	Report About Any Bu	sinesses `	You Own	as a Sole Propriet	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code			
	it to this petition.		Check	k the appropriate bo	ox to describe your business:			
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))			
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
				None of the above	e			
If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B).					a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure			
	For a definition of small	■ No.	I am n	not filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code.				
		☐ Yes.	I am fi	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	Yes.	What is	the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?				
	,				Number, Street, City, State & Zip Code			

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Debtor 1 Shanna D. Perkins

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a	briefing about credit
counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 55 Case number (if known) Shanna D. Perkins Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1**-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shanna D. Perkins Signature of Debtor 2 Shanna D. Perkins Signature of Debtor 1 Executed on March 17, 2016 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Shanna D. Perkins Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel	A. Springer	Date	March 17, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Daniel A. S	Springer		
Springer L	aw Firm		
2222 E Sta	ate St		
Suite 107			
Rockford,	IL 61104		
Number, Street,	City, State & ZIP Code		
Contact phone	815.312.4725	Email address	dspringerlaw@gmail.com
6314059			
Bar number & S	tate		

	use 10 00032 1	Docume		7710 10.00.01	Desc Main
Fill in this infor	rmation to identify your	case:			
Debtor 1	Shanna D. Perkin	ns			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					Objects Williams
(if known)					Check if this is an amended filing
Official Ea	N 1000 LIN				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page

Y	our assets
Va	/alue of what you own
\$	\$ 56,630.0
\$	\$ 26,851.0
\$	\$ 83,481.0
	our liabilities Amount you owe
e D \$	\$ 81,475.0
\$	\$ 0.00
\$	\$ 67,693.8
lities \$	149,168.81
\$	\$ 2,916.5
\$	\$ 2,905.00
vith your ot	ther schedules.
	for a pe

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 3,046.35 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	34,546.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	34,546.00

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Fill in	this inforr	nation to identify	your case and t							
Debtor	r 1	Shanna D. Po	erkins							
		First Name	Middl	e Name		Last Name				
Debtor (Spouse,	r 2 , if filing)	First Name	Middl	e Name		Last Name				
United	States Ba	nkruptcy Court for	the: NORTHER	RN DIST	RICT OF ILLIN	NOIS				
Case r	number _					-			_	heck if this is an mended filing
Sch n each fits be nore sp	category, se est. Be as co pace is need	omplete and accurated, attach a separate	operty scribe items. List at the as possible. If the e sheet to this form	vo marrie n. On the	d people are fili top of any addi	asset fits in more than one ing together, both are equal tional pages, write your nar	ly responsible	for supplying	correct	information. If
		<u> </u>								
. Во ус	ou own or h	ave any legal or equ	itable interest in a	ny reside	nce, building, la	and, or similar property?				
	o. Go to Part	2.								
■ Ye	es. Where is	the property?								
1.1				What	is the property	? Check all that apply.				
	02 Conce	ord Avenue		Wildt			Do not dod	unt no sured ala		vomentions. Dut the
St	treet address,	if available, or other desc	cription		Single-family h			Do not deduct secured claims or exemptions. P amount of any secured claims on Schedule D:		
					Duplex or mult	· ·	Creditors V	Vho Have Clair	ns Secur	ed by Property.
				Ц	Condominium	or cooperative				
					Manufactured of	or mobile home	Current va	lue of the	Curre	nt value of the
R	ckford	<u>IL</u>	61102-0000	. 🖳	Land		entire prop		portio	n you own?
Ci	ity	State	ZIP Code		Investment pro	pperty	\$5	6,630.00		\$56,630.00
					Timeshare		D			
					Otherhas an interest	in the property? Check	(such as fe			ership interest the entireties, or
					Debtor 1 only		Fee sim	ple		
V	Vinnebag	o			Debtor 2 only					
Co	ounty				Debtor 1 and D	Debtor 2 only	Chack	if this is com	munity	property
						the debtors and another		nstructions)	uilley	or operty
					information yo	ou wish to add about this ite on number:	m, such as loc	al		

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.......

\$56,630.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Document Page 11 of 55 Case number (if known) Shanna D. Perkins Debtor 1 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Chrysler Who has an interest in the property? Check one. Make: the amount of any secured claims on Schedule D: **Pacifica** Model Creditors Who Have Claims Secured by Property. Debtor 1 only 2004 Year: Debtor 2 only Current value of the Current value of the 130,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$2.850.00 \$2,850.00 ☐ Check if this is community property (see instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,850.00 pages you have attached for Part 2. Write that number here..... Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Bedroom Furniture Set, Kitchen Utensils & Accessories \$50.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$300.00 Laptop, 2 TV's 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... \$10.00 School Books 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No

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page 2

Dobtor	Case 16-80		Filed 03/17/16 Document	Page 12 of 55	Desc Main
Debtor		KINS		Case number (if known)	
ШΥ	es. Describe				
11. Clo <i>Ex</i>	amples: Everyday cloth	nes, furs, leather coat	s, designer wear, shoes	s, accessories	
■ Y	es. Describe				
	L	Used Clothing			\$200.00
	<i>amples:</i> Everyday jewe	elry, costume jewelry,	engagement rings, wed	lding rings, heirloom jewelry, watches, gems,	gold, silver
	_	Engagement Ring	, Costume Jewelry		\$550.00
■ N □ Y 14. An ! ■ N □ Y	es. Describe r other personal and I o es. Give specific information	household items you mation all of your entries fr		ncluding any health aids you did not list ny entries for pages you have attached	\$1,110.00
Part 4:	Describe Your Financia own or have any leg		est in any of the follow	ving?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	a <i>mples:</i> Money you ha o		our home, in a safe dep	osit box, and on hand when you file your peti	·
	institutions. If		al accounts; certificates counts with the same in	of deposit; shares in credit unions, brokerage stitution, list each.	houses, and other similar
	es		Institution r	name:	
		17.1. Checking	Harris Ba	nk	\$230.00
		17.2. Checking	Bank of A	America	\$15.00
	•		cks vith brokerage firms, mo	ney market accounts	
□ Y	es	Institution or is	ssuer name:		
	d joint venture	ck and interests in in	ncorporated and uninc	orporated businesses, including an intere	st in an LLC, partnership,
	es. Give specific infor	mation about them Name of entity:		% of ownership:	

Official Form 106A/B

Debtor 1	Shanna D. Perki	ns	Document	Page 13 of 55	Case number (if known)	
Neg	ernment and corporate otiable instruments inclu -negotiable instruments	ide personal checks,	cashiers' checks, pro	missory notes, and mo	oney orders.	
☐ Ye	s. Give specific informa	tion about them Issuer name:				
			k), 403(b), thrift saving	gs accounts, or other po	ension or profit-sharing pla	ns
■ Ye		parately. ype of account: 03(b)	Institution r Current E			\$500.00
You		posits you have mad			om a company ommunications companie:	s, or others
	S		Institution r	ame or individual:		
	R	ent	Current L	andlord		\$1,200.00
	U	tilities	Nicor			\$100.00
	U	tilities	Common	wealth Edison		\$250.00
24. Intere 26 U. No Ye 25. Trus No Ye 26. Pate Exa No Ye 27. Lice Exa No Ye	s Issuer sets in an education IR S.C. §§ 530(b)(1), 529A s	(b), and 529(b)(1). ion name and description about them narks, trade secrets names, websites, prosition about them other general intangexclusive licenses, oution about them	a qualified ABLE proportion. Separately file the separately file t	ne records of any interest g listed in line 1), and all property and licensing agreement	ests.11 U.S.C. § 521(c): d rights or powers exercionts	sable for your benefit
Money o	or property owed to yo	u?				Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	refunds owed to you s. Give specific informa	tion about them, inclu	uding whether you alre	eady filed the returns ar	nd the tax years	came of oxomptions.
		2015	Гах Refund		State	\$596.00
		-			-	

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement
Off□aNorm 106A/B
Schedule A/B: Property

Debtor 1	Case 16-80652 Shanna D. Perkins	Doc 1 Filed 03/17/16 Document	Page 14 of 55	7/16 13:03:01 Case number (if known)	Desc Main
	Give specific information			ase namber (# known)	
_ 100.	Civo opcomo imermateri			1	
		Back Child Support		Child Support	\$20,000.00
Exam _i ■ No	benefits; unpaid loans	rou ty insurance payments, disability be you made to someone else	enefits, sick pay, vacatior	n pay, workers' compe	ensation, Social Security
☐ Yes.	Give specific information				
	sts in insurance policies bles: Health, disability, or life	e insurance; health savings accoun	t (HSA); credit, homeowr	ner's, or renter's insura	nce
☐ Yes.		any of each policy and list its value. pany name:	Beneficiar	y:	Surrender or refund value:
If you somed		ue you from someone who has og trust, expect proceeds from a life		currently entitled to rec	eive property because
Exam _i ■ No		ether or not you have filed a laws at disputes, insurance claims, or rig		for payment	
■ No	contingent and unliquidate Describe each claim	ed claims of every nature, includ	ling counterclaims of th	e debtor and rights t	o set off claims
■ No	nancial assets you did not Give specific information	already list			
	-	our entries from Part 4, including			\$22,891.00
Part 5: De	scribe Any Business-Related F	Property You Own or Have an Interest	In. List any real estate in P	art 1.	
	own or have any legal or equita	able interest in any business-related p	property?		
☐ Yes. 0	Go to line 38.				
	scribe Any Farm- and Commerou own or have an interest in far	rcial Fishing-Related Property You Ov rmland, list it in Part 1.	vn or Have an Interest In.		
■ No.	u own or have any legal or Go to Part 7. Go to line 47.	equitable interest in any farm- o	or commercial fishing-re	elated property?	
					Current value of the portion you own? Do not deduct secured claims or exemptions.
Part 7: De	scribe All Property You Own o	or Have an Interest in That You Did No	t List Above		

53. Do you have other property of any kind you did not already list?

Official any less 1964 for ickets, country club membership Schedule A/B: Property

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Case number (if known) Document Debtor 1 Shanna D. Perkins ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$56,630.00 56. Part 2: Total vehicles, line 5 \$2,850.00 57. Part 3: Total personal and household items, line 15 \$1,110.00 58. Part 4: Total financial assets, line 36 \$22,891.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00

\$26,851.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$83,481.00

\$26,851.00

Official Form 106A/B

			111 1 400. 10 01 33	
Fill in this infor	mation to identify your	case:		
Debtor 1	Shanna D. Perkin	s		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions	are you claiming? C	Check one only, even if	your spouse is filing with you.
----	-------------------------	---------------------	-------------------------	---------------------------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2004 Chrysler Pacifica 130,000 miles Line from Schedule A/B: 3.1	\$2,850.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line Holli Scredule Arb. 3.1			100% of fair market value, up to any applicable statutory limit	
Bedroom Furniture Set, Kitchen Utensils & Accessories	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Laptop, 2 TV's Line from Schedule A/B: 7.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Line Holli Schedule Adb. 1.1			100% of fair market value, up to any applicable statutory limit	
School Books Line from Schedule A/B: 8.1	\$10.00		\$10.00	735 ILCS 5/12-1001(a)
Line Holli Genedale 742. G.1			100% of fair market value, up to any applicable statutory limit	
Used Clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	735 ILCS 5/12-1001(a)
Line Ironi Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	

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Case number (if known)

Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Schedule A/B Check only one box for each exemption. **Engagement Ring, Costume Jewelry** 735 ILCS 5/12-1001(b) \$550.00 \$550.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking: Harris Bank** 735 ILCS 5/12-1001(b) \$230.00 \$230.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: Bank of America** 735 ILCS 5/12-1001(b) \$15.00 \$15.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 403(b): Current Employer 735 ILCS 5/12-1006 \$500.00 100% Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit State: 2015 Tax Refund 735 ILCS 5/12-1001(b) \$596.00 \$596.00 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit **Child Support: Back Child Support** 735 ILCS 5/12-1001(g)(4) \$20,000.00 100% Line from Schedule A/B: 29.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Shanna D. Perkins

Debtor 1

		Document	Page 18	3 of 55		
Fill in this informa	ation to identify you	ır case:				
Debtor 1	Shanna D. Perki	ins				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Dani	lementary Court for the	NORTHERN DISTRICT OF ILL	INOIS			
United States Bani	kruptcy Court for the:	NORTHERN DISTRICT OF ILL	NOIS		-	
Case number						
(if known)						if this is an
					amend	led filing
Official Form	106D					
		Who Have Claims S	Sacura	d hy Propert	V	12/15
ochedule i	J. Creditors	Wild Have Claims	Jecui e	a by Fropert	<u>y</u>	12/13
		two married people are filing together number the entries, and attach it to the				
known).	ultional Fage, IIII it out,	number the entries, and attach it to th	S IOIII. OII III	e top or any additional p	ages, write your name a	id case number (ii
1. Do any creditors h	ave claims secured by	your property?				
□ No. Check t	this box and submit th	his form to the court with your other	schedules.	You have nothing else	to report on this form.	
Yes. Fill in a	all of the information	below.				
Part 1: List All	Secured Claims					
•		nore than one secured claim, list the credi	tor senarately f	Column A	Column B	Column C
each claim. If more th	han one creditor has a pa	articular claim, list the other creditors in P		Amount of claim	Value of collateral	Unsecured
as possible, list the cl	aims in alphabetical orde	er according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Carrington						
Services L	LC	Describe the property that secures the		\$77,000.00	\$56,630.00	\$20,370.00
Creditor's Name		702 Concord Avenue Rockfo	rd, IL			
1610 F St	Andrew Place,	61102 Winnebago County				
Ste B-150	Andrew Flace,	As of the date you file, the claim is: C apply.	heck all that			
Santa Ana,	CA 92705	Contingent				
Number, Street, C	City, State & Zip Code	☐ Unliquidated				
		Disputed				
Who owes the deb	t? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		 An agreement you made (such as m car loan) 	ortgage or sec	ured		
Debtor 2 only						
☐ Debtor 1 and Deb		☐ Statutory lien (such as tax lien, mech ☐ Judgment lien from a lawsuit	ianic's lien)			
☐ Check if this clai		☐ Other (including a right to offset)				
community debt						
Date debt was incur	red 2007	Last 4 digits of account numb	or.			
Date dept was incur	Z007	Last 4 digits of account number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2.2 Elite Motor	re.	Describe the property that secures the	e claim:	\$4,475.00	\$2,850.00	\$1,625.00
Creditor's Name		2004 Chrysler Pacifica 130,0		Ψτ,τι σ.σσ	Ψ2,030.00	Ψ1,023.00
		miles				
Attn: Bank	ruptcy Dept.	As of the plate way file the plain in O				
3036 Kishv		As of the date you file, the claim is: C apply.	neck all that			
Rockford, I		☐ Contingent				
Number, Street, C	City, State & Zip Code	Unliquidated				
Who owes the deb	t? Check one	Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	Shook one.	An agreement you made (such as m	ortagae or see	ured		
☐ Debtor 2 only		car loan)	origage or sec	urea		
Debtor 1 and Deb	tor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the	•	☐ Judgment lien from a lawsuit	5			
☐ Check if this clai		☐ Other (including a right to offset)				
community debt	t	·				
Date debt was incur	red	Last 4 digits of account number	ər			

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Debtor 1	Shanna D. Perk	ins		Case	e number (if know)	
	First Name	Middle Name	Last Name			
If this is	•	entries in Column A on th form, add the dollar valu	nis page. Write that number ue totals from all pages.	here:	\$81,475.00 \$81,475.00	
Part 2:	List Others to Be I	Notified for a Debt Th	at You Already Listed			
to collect creditor fo	from you for a debt yo	ou owe to someone else, at you listed in Part 1, list	, list the creditor in Part 1, a	and then list the c	y listed in Part 1. For example, if a coll ollection agency here. Similarly, if you have additional persons to be notified (have more than one
Na	ame Address					
-N	ONE-		On	which line in	Part 1 did you enter the cred	itor?
			Las	st 4 digits of a	ccount number	

		Document	Page 20 of 55		
ill in this infor	mation to identify your	case:			
ebtor 1	Shanna D. Perkin	S			
	First Name	Middle Name	Last Name		
ebtor 2 Spouse if, filing)	First Name	Middle Name	Last Name		
nited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
	arma aproy Court for anor				
ase number _ known)				☐ Check if this	is an
				amended filir	
official Eas	rm 1065/5				
	rm 106E/F	Who Hove Upocou	rad Claima		4044
		Who Have Unsecu	rea claims / claims and Part 2 for creditors with NONPRIORI	TV -lain- 1 i-4 4b44	12/15
e Continuation Pumber (if known). Part 1: List A	Page to this page. If you have	e no information to report in a Part	py the Part you need, fill it out, number the entries , do not file that Part. On the top of any additional		
No. Go	to Part 2.				
Yes.					
	All of Your NONPRIORIT				
		secured claims against you?			
□ NO. YOU	u nave nothing to report in thi	s part. Submit this form to the court w	ntn your other schedules.		
Yes.					
unsecured	claim, list the creditor separa	tely for each claim. For each claim lis	the creditor who holds each claim. If a creditor has ted, identify what type of claim it is. Do not list claims on have more than three nonpriority unsecured claims	already included in Par	t 1. If more
Pail 2.				Total claim	
1 Americ	eash Loans	Last 4 digits of accou	nt number	\$	500.00
Attn: B	ty Creditor's Name Bankruptcy Dept. State St	When was the debt in	curred?		
	ord, IL 61108 Street City State Zlp Code	As of the date you file	e, the claim is: Check all that apply		
		_	, the Gain is. Check all that apply		
_	urred the debt? Check one.	☐ Contingent			
■ Debto		—			
☐ Debto	or 2 only	☐ Unliquidated			
☐ Debto	or 1 and Debtor 2 only	Disputed			
☐ At leas	st one of the debtors and and	ther Type of NONPRIORIT	Y unsecured claim:		
☐ Checl debt	k if this claim is for a comr	nunity			
	nim subject to offset?	☐ Obligations arising not report as priority cla	out of a separation agreement or divorce that you did aims		
■ No		☐ Debts to pension or	r profit-sharing plans, and other similar debts		
☐ Yes		Other. Specify	Payday Loan		
2 AT&T					143.00
71.0.	ty Creditor's Name	Last 4 digits of accou	nt number	\$	143.00
PO Box		When was the debt in	curred?		

Carol Stream, IL 60197 Number Street City State Zlp Code

Official Form 106 E/F

As of the date you file, the claim is: Check all that apply

Nonpriority Creditor's Name Attn: Bankruptcy Dept. 425 E. State St. Rockford, IL 61104 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 onfset: Check if this claim is for a community debt Debtor 1 onfset: Check if this claim is for a community debt Debtor 1 onfset: Check if this claim is for a community debt Debtor 1 onfset: Check if this claim is for a community debt Debtor 1 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9	100.00
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 teleast one of the debtors and another Check if this claim is for a community debt She City of Rockford Nonpriority Creditor's Name Attr. Bankruptcy Dept. 425 E. State St. Rockford, It. 61104 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt She Clity of Rockford Last 4 digits of account number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Student loans Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Disputed Type of Nonpriority Creditor's Name At the claim subject to offset? Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cother. Specify Parking Tickets Last 4 digits of account number S Last 4 digits of account number	100.00
Debtor 1 and Debtor 2 only	100.00
At least one of the debtors and another Check if this claim is for a community debt Student loans Student loans Student loans Check if this claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Willities	100.00
Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Utilities	100.00
debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	100.00
Steelaim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	100.00
City of Rockford Nonpriority Creditor's Name Attn: Bankruptcy Dept. 425 E. State St. Rockford, II. 61104 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 onfsection Student loans Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? At City of Rockford Nonpriority Creditor's Name Dother. Specify Last 4 digits of account number S Last 4 digits of account number S As of the date you file, the claim is: Check all that apply Unliquidated Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Parking Tickets As of the date you file, the claim is: Check all that apply Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Parking Tickets	100.00
City of Rockford Nonpriority Creditor's Name Attn: Bankruptcy Dept. 425 E. State St. Rockford, IL 61104 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts As a fit deate you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Unliquidated Uspect NonPRIORITY unsecured claim: Student loans Unliquidated Un	100.00
Nonpriority Creditor's Name Attn: Bankruptcy Dept. 425 E. State St. Rockford, IL 61104 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 3 offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Parking Tickets 4 City of Rockford Nonpriority Creditor's Name	100.00
Attn: Bankruptcy Dept. 425 E. State St. Rockford, IL 61104 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts a City of Rockford Nonpriority Creditor's Name When was the debt incurred? As of the dabt incurred? As of the date you file, the claim is: Check all that apply Contingent Contingent Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Parking Tickets	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Student loans Debtor 2 only Student loans Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Student loans Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Student loans Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Parking Tickets City of Rockford Nonpriority Creditor's Name	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: □ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Parking Tickets -4 City of Rockford	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Parking Tickets □ City of Rockford Nonpriority Creditor's Name □ Description of account number \$ □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Parking Tickets	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community debt ☐ Student loans ☐ Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Parking Tickets	
Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify Parking Tickets Last 4 digits of account number \$	
debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Parking Tickets City of Rockford Nonpriority Creditor's Name Last 4 digits of account number \$	
Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Parking Tickets City of Rockford Nonpriority Creditor's Name Last 4 digits of account number \$	
☐ Yes ☐ Other. Specify ☐ Parking Tickets City of Rockford	
.4 City of Rockford Last 4 digits of account number \$	
Nonpriority Creditor's Name	
	300.00
425 E. State St.	
Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. Contingent	
■ Debtor 1 only	
□ Debtor 2 only □ Unliquidated	
Debtor 1 and Debtor 2 only Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans debt	
Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Fine	

Nonpriority Creditor's Name

Comcast

Last 4 digits of account number

373.00

4.5

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Debtor	1 Shanna D. Perkins	Case number (if know)	
	Attn: Bankruptcy Dept. PO Box 3005	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only		
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utilities	
.6	DirecTV		762.00
	DirecTV Nonpriority Creditor's Name	Last 4 digits of account number	\$ 762.00
	Attn: Bankruptcy Dept. PO Box 6550	When was the debt incurred?	
	Rumber Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	0	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utilities	
.7	HSBC Auto Finance	Last 4 digits of account number	\$ 10,475.00
	Nonpriority Creditor's Name PO Box 961245	When was the debt incurred?	
	Fort Worth, TX 76161 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	-	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Auto Deficiency	

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Case number (if know)		
Last 4 digits of account number	\$	34,546.00
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
☐ Contingent		
g		
☐ Unliquidated		
☐ Disputed		
Type of NONPRIORITY unsecured claim:		
■ Student loans		
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
☐ Debts to pension or profit-sharing plans, and other similar debts		
Other, Specify		
Student Loans		
Last 4 digits of account number	\$	804.81
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
☐ Contingent		
3		
☐ Unliquidated		
☐ Disputed		
Type of NONPRIORITY unsecured claim:		
☐ Student loans		
Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
\square Debts to pension or profit-sharing plans, and other similar debts		
■ Other. Specify Collecting for Creditor		
Last 4 digits of account number	\$	1,858.00
	Ψ	,,,,,,,,,
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Student Loans Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collecting for Creditor Last 4 digits of account number When was the debt incurred?	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Other. Specify Student Loans Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student Loans Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collecting for Creditor Last 4 digits of account number \$ Collecting for Creditor

	Nonpriority Creditor's Name PO Box 961245 Fort Worth, TX 76161	When was the debt incurred?		
4.13	Santander Consumer USA	Last 4 digits of account number	\$	16,227.00
	Yes	■ Other. Specify Fees		
	■ No			
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 only			
	Who incurred the debt? Check one.	☐ Contingent		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Attn: Bankruptcy Dept. 215 N Wyman St Rockford, IL 61101	When was the debt incurred?		
4.12	Rockford Public Library Nonpriority Creditor's Name	Last 4 digits of account number	\$	39.00
	Yes	■ Other. Specify Medical Bills		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only			
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 only			
	Who incurred the debt? Check one.	☐ Contingent		
	2400 N Rockton Ave Rockford, IL 61103 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
6.11	Rockford Health System Nonpriority Creditor's Name Attn: Bankruptcy Dept.	Last 4 digits of account number When was the debt incurred?	\$	199.00
4.11	Bookfood Hookk Corre			155.00
	Yes	■ Other. Specify Medical Bills	_	
	■ No	not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did		
	☐ At least one or the deptors and another ☐ Check if this claim is for a community	Student loans		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 only	_		
	Who incurred the debt? Check one.	☐ Contingent		
Debto	r 1 Shanna D. Perkins	Document Page 24 of 55 Case number (if know)		

Official Form 106 E/F

Debtor 1 Shanna D. Perkins Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 2 only Student loans Debtor 3 one of the debtors and another Check if this claim is for a community debt Student loans Debtor 3 one of the debtors and another Check if this claim subject to offset? Debtor 4 one of the debtors and another Check if this claim is for a community debt Student loans Attoria Swedish American Health System Attoria Swedish American Health System Attoria Sankruptcy Dept. When was the debt incurred?	241.00
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Auto Deficiency 4.14 Swedish American Health System Nonpriority Creditor's Name Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 4.14 Swedish American Health System Nonpriority Creditor's Name	241.00
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Other of NonPriority claims Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Other of NonPriority claims Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Other of NonPriority unsecured c	241.00
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Auto Deficiency 4.14 Swedish American Health System Nonpriority Creditor's Name Unliquidated Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Auto Deficiency \$	241.00
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify Auto Deficiency 4.14 Swedish American Health System Nonpriority Creditor's Name Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Auto Deficiency \$	241.00
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community debt ☐ Student loans ☐ the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Auto Deficiency 4.14 Swedish American Health System Nonpriority Creditor's Name Last 4 digits of account number \$	241.00
Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Deficiency 4.14 Swedish American Health System Nonpriority Creditor's Name Last 4 digits of account number \$	241.00
debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Deficiency Swedish American Health System Nonpriority Creditor's Name Last 4 digits of account number \$	241.00
Auto Deficiency Swedish American Health System Nonpriority Creditor's Name Auto Deficiency Last 4 digits of account number Solution a separation agreement of divorce that yet did not report as priority claims Auto Deficiency Last 4 digits of account number \$ Congatation agreement of divorce that yet did not report as priority claims Auto Deficiency Auto Deficiency	241.00
☐ Yes ☐ Other. Specify Auto Deficiency 4.14 Swedish American Health System Nonpriority Creditor's Name Last 4 digits of account number \$ ———————————————————————————————————	241.00
4.14 Swedish American Health System Nonpriority Creditor's Name Last 4 digits of account number \$	241.00
System Last 4 digits of account number \$ Nonpriority Creditor's Name	241.00
Nonpriority Creditor's Name	241.00
1401 East State Street	
Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
■ Debtor 1 only	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans debt	
Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify ☐ Medical Bills	
4.15 World Finance Corp Last 4 digits of account number \$	1,170.00
Nonpriority Creditor's Name Att: Bankruptcy Dept. When was the debt incurred? 5301 E State St. STE 109 Rockford, IL 61108	
Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
Debtor 1 only	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans debt	
Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify ☐ Personal Loan ☐	

Part 3: List Others to Be Notified About a Debt That You Already Listed

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Debtor 1 Shanna D. Perkins

trying to collect from you for a debt you owe to so	meone else, list the original creditor in ou listed in Parts 1 or 2, list the addition	t you already listed in Parts 1 or 2. For example, if a collection agency is Parts 1 or 2, then list the collection agency here. Similarly, if you have nal creditors here. If you do not have additional persons to be notified for
Name and Address		art2 did you list the original creditor?
ABM Parking Services 211B Elm Street	Line 4.4 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims
Rockford, IL 61101		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	per
Name and Address Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101	Line 4.14 of (Check one):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	Der
Name and Address Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101	On which entry in Part 1 or P Line 4.10 of (Check one): Last 4 digits of account numb	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account numb	
Name and Address Equifax PO Box 740256 Atlanta, GA 30374	On which entry in Part 1 or P Line 4.8 of (Check one):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	per
Name and Address Experian PO Box 4500 Allen, TX 75013	On which entry in Part 1 or P Line <u>4.8</u> of (<i>Check one</i>):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	per
Name and Address Focus Receivables Management 1130 Northchase Parkway SE #150 Marietta, GA 30067	On which entry in Part 1 or P Line <u>4.6</u> of (<i>Check one</i>):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	per
Name and Address Freedman, Anselmo, Lindberg LLC 1771 West Diehl Road, Suite 150 Naperville, IL 60563	On which entry in Part 1 or P Line <u>4.9</u> of (<i>Check one</i>):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	per
Name and Address Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740	On which entry in Part 1 or P Line 4.14 of (Check one):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Rockford, IL 61126-6235	Last 4 digits of account number	per
Name and Address	-	
Name and Address Receivables Performance	Un which entry in Part 1 or P Line 4.2 of (<i>Check one</i>):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
20816 44th Ave. West		■ Part 2: Creditors with Nonpriority Unsecured Claims
Lynnwood, WA 98036	Last 4 digits of account numb	·
Name and Address		
Name and Address Rockford Mercantile Agency	Un which entry in Part 1 or P Line 4.11 of (<i>Check one</i>):	art2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy Dept. 2502 S Alpine Rd	<u> </u>	■ Part 2: Creditors with Nonpriority Unsecured Claims

Document Page 27 of 55 Debtor 1 Shanna D. Perkins Case number (if know) Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Rockford Mercantile Agency** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 2502 S Alpine Rd Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Rockford Mercantile Agency** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 2502 S Alpine Rd Rockford, IL 61108 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name and Address Stellar Recovery, Inc. Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 1327 Highway 2 W, Suite 100 Kalispell, MT 59901 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **TransUnion** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 555 West Adams Street ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60661 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Unique National Collection** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

On which entry in Part 1 or Part2 did you list the original creditor?

Last 4 digits of account number

Last 4 digits of account number

Line 4.9 of (Check one):

				Total claim	1
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
iioiii i ait i		•		Ψ	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	34,546.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	33,147.81

Attn: Bankruptcy Dept.

Winnebago County Circuit Court

119 E Maple St. Jeffersonville, IN 47130

Name and Address

400 W State St

2013 SC 2563 Rockford, IL 61101 ■ Part 2: Creditors with Nonpriority Unsecured Claims

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Shanna D. Perkins

Total. Add lines 6f through 6i. 6j. 67,693.81

Official Form 106 E/F

Fill in this infor	rmation to identify your	case:		
Debtor 1	Shanna D. Perkin	ıs		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code State what the contract or lease is for

2.1 Acceptance Now Attn: Bankruptcy Dept. 5501 Headquarters Dr. Plano, TX 75024 Furniture Lease, \$120/month, Lessee

		Docume	ent Page 30 d	of 55	
Fill in this	information to identify you	r case:			
Debtor 1	Shanna D. Perki	Middle Name	Last Name		
Dobtor 2	i list Name	Wildle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
(
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb (if known)	ber				Charlett this is an
(II KIIOWII)					☐ Check if this is an
					amended filing
Off: 0: 0	l Form 106H				
Sched	lule H: Your Cod	debtors			12/15
S1 - 1 - 1		l Pakia (dal			
odebtors	are people or entities who	are also liable for any det	ots you may have. Be	as complete and accurate a	is possible. If two married
					ed, copy the Additional Page,
	and case number (if known			to this page. On the top of	any Additional Pages, write
oui mame	and case number (ii know	i). Allswer every question	•		
1. Do y	you have any codebtors? (I	f you are filing a joint case,	do not list either spous	e as a codebtor.	
•	,	, , ,	•		
■ No					
☐ Yes					
2. With	hin the last 8 years, have yo	ou lived in a community p	roperty state or territo	ry? (Community property sta	ites and territories include
Arizon	a, California, Idaho, Louisian	a, Nevada, New Mexico, Pu	erto Rico, Texas, Wasł	nington, and Wisconsin.)	
■ No.	Go to line 3.				
☐ Yes	. Did your spouse, former sp	ouse, or legal equivalent liv	e with you at the time?		
					th you. List the person shown
					reditor on Schedule D (Officia
	t Column 2.	al Form 100E/F), or Sched	iule & (Official Form 1	oog). Ose Schedule D, Sch	edule E/F, or Schedule G to
iiii out	. Oolaliii 2.				
	Column 1: Your codebtor			Column 2: The creditor	r to whom you owe the debt
١	Name, Number, Street, City, State and	ZIP Code		Check all schedules that	at apply:
				<u>_</u>	
3.1				D Schedule D, line	
ļ	Name			☐ Schedule E/F, line	
				☐ Schedule G, line _	
-	North an Other of				
	Number Street City	State	ZIP Code		
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			□ Schedule E/F, line	
				☐ Schedule G, line _	
ī	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your o	ase:				1			
Del	otor 1 Shanna D. F	Perkins							
	otor 2				_				
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number nown)					Check if this is: An amended A supplement	ed filing ent showir		
\bigcirc	fficial Form 106I							following date:	
_	chedule I: Your Inc	ome				MM / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili Ir spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse ide infor	is li mati	ving with you, inc	lude infoi ouse. If m	rmation abou nore space is	t your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed			☐ Emplo	•		
	employers.	Occupation	Medical Assista	ınt					
	Include part-time, seasonal, or self-employed work.	Employer's name	Crusader Clinic	;					
	Occupation may include student or homemaker, if it applies.	Employer's address	Attn: Bankrupto 1200 W. State S Rockford, IL 61	t.					
		How long employed to	here? 7 1/2 ye	ears					
Par	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to ı	eport for	any	line, write \$0 in the	e space. Ir	nclude your no	on-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	on for all	emp	loyers for that pers	on on the	lines below. If	you need
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,106.96	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	3,106.96	\$	N/A	

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Deb	tor 1	Shanna D. Perkins	С	ase number (if kr	nown)					
					For Debtor 1			Debtor 2		
	Cop	y line 4 here	4.	-	\$ 3,106	5.96	\$		N/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 389	9.35	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		. —	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		·	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		. —	0.00	\$		N/A	_
	5e.	Insurance	5e			7.01	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A	-
	5g.	Union dues	5g		\$	0.00	\$		N/A	_
	5h.	Other deductions. Specify: Life Insurance	5h		\$ 14	1.99	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	681	.35	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	2,425	5.61	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	. :	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c			0.00	\$		N/A	_
	8d.	Unemployment compensation	8d			0.00	\$		N/A	_
	8e.	Social Security	8e	•	\$	0.00	\$		N/A	-
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Son's Disability	e 8f. 8g 8h		\$	0.00	\$ \$ + \$		N/A N/A	_
	OII.	Son's Disability	_ 011	.+	490).96	+ J		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	490).96	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,916.57	+ \$		N/A =	\$	2,916.57
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,					,
11.	Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe						<i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines						12.	\$	2,916.57
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							y income
	_	Yes. Explain: Son's Disability depends on Debtor's employment	nt in	con	ne.					

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:					
Deb	otor 1 Shanna D. Perkins			Chec	ck if this is:	
Dob	otor 2			_	An amended filing	da a a costa e CC e a chesatea
	ouse, if filing)				13 expenses as of	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRIC	Γ OF ILLINOIS		-	MM / DD / YYYY	
Cas	se number					
1	nown)					
0	fficial Form 106J					
	chedule J: Your Expenses					12/15
Be	as complete and accurate as possible. If two married ormation. If more space is needed, attach another shaper (if known). Answer every question.					
1.	Is this a joint case?					
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household	?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2		Separate Househo	<i>ld</i> of Del	otor 2.	
2.	Do you have dependents? ☐ No					
	Do not list Debtor 1 and Debtor 2. Fill out this informulation each dependent		pendent's relationsl btor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.	S	on		12	■ Yes
		D	aughter		16	□ No
			auginei			■ Yes □ No
		Da	aughter		21	■ Yes
						□ No
3.	Do your expenses include	_			_	☐ Yes
Э.	expenses of people other than yourself and your dependents?					
Par	t 2: Estimate Your Ongoing Monthly Expenses					
Est	timate your expenses as of your bankruptcy filing date. benses as of a date after the bankruptcy is filed. If this olicable date.					
the	lude expenses paid for with non-cash government as value of such assistance and have included it on Soficial Form 106l.)				Your expe	enses
(Ο.						
4.	The rental or home ownership expenses for your repayments and any rent for the ground or lot.	esidence. Includ	le first mortgage	4. \$	S	1,200.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$	3	0.00
	4b. Property, homeowner's, or renter's insurance			4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expense4d. Homeowner's association or condominium dues	es		4c. \$ 4d. \$		0.00
5.	Additional mortgage payments for your residence.	such as home e	quity loans	4a. \$		0.00

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Debtor 1	Shanna D. Perkins	Case num	ber (if known)	
6. Util	lities:			
6. U til 6a.		6a.	\$	230.00
6b.		6b.	· -	50.00
6c.		6c.		430.00
6d.		6d.		0.00
	od and housekeeping supplies	7.	\$	300.00
	ildcare and children's education costs	8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	·	50.00
	rsonal care products and services	10.	*	
	·		·	50.00
	dical and dental expenses	11.	Ф	0.00
	ansportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	150.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
	aritable contributions and religious donations	14.	· -	0.00
	surance.	17.	Ψ	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
	b. Health insurance	15b.		0.00
	c. Vehicle insurance	15c.	·	0.00
	d. Other insurance. Specify:	15d.	·	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.		—	0.00
	ecify:	16.	\$	0.00
	stallment or lease payments:			
	a. Car payments for Vehicle 1	17a.	·	325.00
	c. Car payments for Vehicle 2	17b.	•	0.00
	c. Other. Specify: Acceptance Now	17c.	·	120.00
	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not repor		¢.	0.00
dec	ducted from your pay on line 5, Schedule I, Your Income (Official Form 10	1 8.		
	her payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	_	
	her real property expenses not included in lines 4 or 5 of this form or on S			
	a. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.		0.00
	c. Property, homeowner's, or renter's insurance	20c.		0.00
	d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e	e. Homeowner's association or condominium dues	20e.	\$	0.00
i. Oth	her: Specify:	21.	+\$	0.00
2. Cal	Iculate your monthly expenses			
22a	a. Add lines 4 through 21.		\$	2,905.00
22t	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106,	J-2	\$	
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,905.00
220	Add into 220 and 220. The result is your monthly expenses.			2,905.00
3. Cal	Iculate your monthly net income.			
23a	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,916.57
23b	c. Copy your monthly expenses from line 22c above.	23b.	-\$	2,905.00
00	Cultural comments in the comments of the comme			· · · · · · · · · · · · · · · · · · ·
230	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c.	\$	11.57
	you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect to			se or decrease because of
	dification to the terms of your mortgage?	our mongage pa	yment to increas	se of decrease because of
	No.			
	Yes. Explain here:			
	163. Explain nois.			

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Fill in this infor	mation to identify your	case:			
Debtor 1	Shanna D. Perkin				
Debter 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official For	m 106Dec				
		n Individual	Debtor's S	chedules	12/15
obtaining mone years, or both. 1		n connection with a bank			atement, concealing property, or 000, or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill ou	ut bankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach <i>Bankruptcy Pet</i> and Signature (Official F	ition Preparer's Notice, Declaration, Form 119).
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules	filed with this declara	tion and
X /s/ Sha	anna D. Perkins		x		
	a D. Perkins		Signature	of Debtor 2	

Date

Date March 17, 2016

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married No married No married No married No married Debtor 1 Prior Address: Dates Debtor 1 pebtor 2 Prior Address: Debtor 1 Prior Address: Dates Debtor 1 pebtor 2 Prior Address: Dates Debtor 2 lived there Rockford, IL 61102 Debtor 2 Prior Address: Dates Debtor 1 prom-To: Same as Debtor 1 prom-To: No married Rockford, IL 61102 Debtor 2 Prior Address: Dates Debtor 1 prom-To: Same as Debtor 1 prom-To: No married No married No married Debtor 2 Prior Address: Dates Debtor 2 prior Address: Date						
Debtor 2 Final Name	Fill in	this information to identify you	r case:			
Debtor 2 Cases Humber Late Name La	Debto					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Introduction Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 12/1: Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct morter of financial pages, write your name and case number (if known). Answer every question. 12/1: Give Details About Your Marital Status and Where You Lived Before Not married Not marrie	Debto		Middle Name	Last Name		
Case number Check if this is an amended filing Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/13 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status?			Middle Name	Last Name		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/1: Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married Not married Not married Not married Debtor 1 Prior Address: Dates Debtor 1 Rockford, IL 61102 Details About Your Destination of the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Rockford, IL 61102 Details Destine 1 Same as Debtor 1 From To: Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No No No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income About a refiling a joint case and you have income that you receive together, list it only once under Debtor 1. Sources of income Check all that apply. Gross income Check all that apply. Townses, tips Debtor 1 Sources of income Check all that apply. Bounses, tips Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 3 Sources of income Check all that apply. Debtor 4 Wages, commissions, boulses, tips	Unite	d States Bankruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/1: Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married Not married Not married Not married Debtor 1 Prior Address: Dates Debtor 1 Prior To: Details About Your Marital Status and Where you live now? Debtor 1 Prior Address: Dates Debtor 1 Prom-To: Details About Your Marital Status and Where you live now? Debtor 1 Prior Address: Dates Debtor 1 Prom-To: Details Debtor 2 Rockford, IL 61102 Details Debtor 1 Prom-To: Details Debtor 2 Rockford, IL 61102 Details Debtor 3 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territoms include Anzona, California, Idaho, Louissana, Nervada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income Check all that apply. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 3 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 5 Sources of income Check all that apply. Debtor 5 Sources of income Check all that apply. Debtor 6 Sources of	Cooo	numbar				
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 15 Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Ilved there 702 Concord Avenue Rockford, IL 61102 Rockford, IL 61102 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a businesse during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. Sources of income Check all that apply. Poblor 1 Sources of income Check all that apply. Check all that apply. Sources of income Check all that apply. Betor 1 Sources of income Check all that apply. Betor 2 Sources of income Check all that apply. Betor 3 Sources of income Check all that apply. Betor 4 Sources of income Check all that apply. Betor 5 Sources of income Check all that apply. Betor 6 Sources of income Check all that apply. Betor 7 Sources of income Check all that apply. Betor 8 Sources						Check if this is an
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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before	~ ···					
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.			Accelore con localitate			
information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Give Details About Your Marital Status and Where You Lived Before						12/1
Married Married Not marr						
Married Not married During the last 3 years, have you lived anywhere other than where you live now? Debtor 1 Prior Address: Dates Debtor 1 Ilived there Tog Concord Avenue Rockford, IL 61102 Debtor 2 Prior Address: Dates Debtor 1 Ilived there Tog Same as Debtor 1 From-To: Same as Debtor 1 From-To: Same as Debtor 2 From-To: Same as Debtor 1 From-To: Same as Debtor 2 Same				uns form. On the top of al	iy additional pages, write yo	di name and case
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Married						
Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No	1. V	vnat is your current marital statt	18 ?			
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No	•	Not married				
Pebtor 1 Prior Address: Dates Debtor 1 lived there 702 Concord Avenue Rockford, IL 61102 Debtor 2 Prior Address: Dates Debtor 1 lived there From-To: 2007 - 11/2015 Debtor 3 Same as Debtor 1 From-To: 2007 - 11/2015 Debtor 3 Same as Debtor 1 From-To: 2007 - 11/2015 Debtor 4 Same as Debtor 1 From-To: 2007 - 11/2015 Debtor 5 Same as Debtor 1 From-To: 2007 - 11/2015 Debtor 1 Rockford, IL 61102 Debtor 1 From-To: 2007 - 11/2015 Debtor 1 No 2007 - 11/2015 Perior Address: 2007 - 11/2015 Debtor 1 Same as Debtor 1 From-To: 2007 - 11/2015 Debtor 1 Prom-To: 2007 - 11/2015 Debtor 1 Sources of Income Check all that apply. Debtor 2 Sources of Income Check all that apply. Debtor 2 Sources of Income Check all that apply. Debtor 2 Sources of Income Check all that apply. Debtor 2 Sources of Income Check all that apply. Debtor 2 Sources of Income Check all that apply. Debtor 2 Sources of Income Check all that apply. Debtor 3 Wages, commissions, bonuses, tips Debtor 4 Sources of Income Check all that apply. Debtor 4 Sources of Income Check all that apply. Debtor 5 Sources of Income Check all that apply. Debtor 6 Debtor 9 Debtor	2. D	Ouring the last 3 years, have you	lived anywhere other than	where you live now?		
Debtor 1 Prior Address: Dates Debtor 1 Ilved there Debtor 2 Prior Address: Dates Debtor 2 Ilved there		□ No				
lived there Concord Avenue From-To: Same as Debtor 1 From-To: 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No		Yes. List all of the places you	lived in the last 3 years. Do n	ot include where you live nov	V.	
To 2 Concord Avenue Rockford, IL 61102 From-To: 2007 - 11/2015 Same as Debtor 1 From-To: From-To: 1 From-To:	ı	Debtor 1 Prior Address:		Debtor 2 Prior Ac	dress:	
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Newada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips			From-To:			☐ Same as Debtor 1
No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Ves. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filled for bankruptcy: Wages, commissions, bonuses, tips						
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A. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips	-	_	hedule H. Your Codebtors (O:	fficial Form 106H)		
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) \$5,510.70 Wages, commissions, bonuses, tips		Too. Make date you till dat oo.	nodalo III. Todi Godobiolo (G	molar i omi room.		
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Sources of income (before deductions and exclusions) \$5,510.70 Wages, commissions, bonuses, tips	Part 2	Explain the Sources of You	ır Income			
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income (before deductions and exclusions) Check all that apply. Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips	4. D	oid you have any income from er	mployment or from operating	ng a business during this y	ear or the two previous cale	endar years?
Test. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$5,510.70 Wages, commissions, bonuses, tips \$5,510.70 Debtor 2 Sources of income (before deductions and exclusions)						
Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips	Е	□ No				
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$5,510.70 Wages, commissions, bonuses, tips		Yes. Fill in the details.				
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$5,510.70 Wages, commissions, bonuses, tips			Debtor 1		Debtor 2	
exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips				Gross income		Gross income
the date you filed for bankruptcy: bonuses, tips bonuses, tips			Check all that apply.	`	Check all that apply.	`
☐ Operating a business ☐ Operating a business				\$5,510.70	_	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Doc 1 Filed 03/17/16 Entered 03/17/16 13:03:01 Desc Main Case 16-80652 Document

Page 37 of 55 Case number (if known) Debtor 1 Shanna D. Perkins

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
	r last caler inuary 1 to	dar year: December	31, 2015)	■ Wages, commissions, bonuses, tips	\$37,152.02	☐ Wages, con bonuses, tips	ımissions,	
				☐ Operating a business		☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$35,000.00	☐ Wages, con bonuses, tips	ımissions,	
				☐ Operating a business		☐ Operating a	business	
	unemploy gambling List each	ment, and o and lottery v	ther public be vinnings. If yo the gross inco	her that income is taxable. Exa enefit payments; pensions; rer ou are filing a joint case and you ome from each source separa	ntal income; interest; divider ou have income that you red	nds; money collect ceived together, lis	ed from laws t it only once	suits; royalties; and
				Debtor 1		Debtor 2		
				Sources of income Describe below	Gross income (before deductions and exclusions)	Sources of income Describe below		Gross income (before deductions and exclusions)
5.	■ Yes.	Neither D individual During the No. Yes * Subject Debtor 1 of During the No. Yes	ebtor 1 nor I primarily for a 90 days befor 6 do line 7 List below on paid that cross to adjustment or Debtor 2 of 90 days befor 6 do line 7 List below of include pay an attorney	each creditor to whom you pai reditor. Do not include paymer payments to an attorney for the ton 4/01/16 and every 3 year or both have primarily consu- bore you filed for bankruptcy, di reach creditor to whom you pai rements for domestic support of for this bankruptcy case.	Imer debts. Consumer debtld purpose." d you pay any creditor a total of \$6,225* or more after that for cases filed or imer debts. d you pay any creditor a total of \$600 or more arbligations, such as child supplied to the purpose.	al of \$6,225* or mo in one or more pa gations, such as on or after the date al of \$600 or more ad the total amount oport and alimony.	ore? syments and hild support of adjustmer ? t you paid the Also, do not	the total amount you and alimony. Also, do nt. at creditor. Do not tinclude payments to
	Creditor	s Name an	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this	payment for
	3036 Ki	otors ankruptcy shwaukee rd, IL 6110	St.	Biweekly	\$150.00	\$4,475.00		

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	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	lyment for
	SYNCB/Wal-Mart Attn: Bankruptcy Dept. PO Box 965024 Orlando, FL 32896	2/2016	\$600.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other_	ard payment
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa corporations of which you are an officer, direct including one for a business you operate as a support and alimony.	rtners; relatives of any ger or, person in control, or ov	neral partners; partners partners of 20% or more	erships of which you of their voting sec	ou are a genera curities; and ar	al partner; ny managing agent,
	No					
	☐ Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
		, ,	paid	still owe		
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cos No		ments or transfer a	any property on a	ccount of a d	ebt that benefited an
	☐ Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you	Posson for	this payment
	insider's Name and Address	Dates of payment	paid	still owe	Include cred	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No Yes. Fill in the information below. Creditor Name and Address			oreclosed, garnis	shed, attached	d, seized, or levied? Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.	etcy, did any creditor, inc		nancial institutio	n, set off any	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No Yes		erty in the possess	ion of an assigne	e for the bend	afit of creditors, a

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Pai	t 5: List Certain Gifts and Contribution	ıs			
13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	uptcy, d	did you give any gifts with a total value of more	e than \$600 per person	?
	Gifts with a total value of more than \$60 per person	00	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or or		did you give any gifts or contributions with a to	otal value of more than	\$600 to any charity
	Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	total	Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru disaster, or gambling? ■ No □ Yes. Fill in the details.	ptcy or	since you filed for bankruptcy, did you lose an	ything because of the	ft, fire, other
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List g insurance claims on line 33 of Schedule A/B: ty.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers	S			
16.	consulted about seeking bankruptcy or	preparii	id you or anyone else acting on your behalf par ng a bankruptcy petition? s, or credit counseling agencies for services requi		erty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not \	⁄ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Springer Law Firm 2222 E State St, Suite 107 Rockford, IL 61104		\$500.00	2/2016	\$500.00
17.	Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that	ditors o		y or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Shanna D. Perkins

	tran Inclu	hin 2 years before you filed for bankrup esferred in the ordinary course of your I ade both outright transfers and transfers n ade gifts and transfers that you have alrea No	busin nade	ess or financial aff as security (such as	airs? the granting of					
		Yes. Fill in the details.								
		rson Who Received Transfer dress		Description and v			paymer	ne any property or nts received or debts exchange		Date transfer was made
	Pei	rson's relationship to you						-		
19.	ben	hin 10 years before you filed for bankru eficiary? (These are often called asset-page)			ny property to	a self	-settled	trust or similar dev	ice of	which you are a
		No Yes. Fill in the details.								
Name of trust Description and value of the property transferred						Date Transfer was				
Pari	8:	List of Certain Financial Accounts, Ir	nstrui	ments. Safe Deposi	t Boxes, and	Stora	ae Units	i		
		-			,	•	•			
20.		hin 1 year before you filed for bankrupt d, moved, or transferred?	cy, w	ere any financial ad	counts or ins	trume	ents held	d in your name, or fo	or you	ır benefit, closed,
		ude checking, savings, money market, ses, pension funds, cooperatives, asso					deposit	; shares in banks, cr	redit ι	unions, brokerage
		No								
		Yes. Fill in the details.								
		me of Financial Institution and dress (Number, Street, City, State and ZIP le)		st 4 digits of count number	Type of acco	ount o		Date account was closed, sold, moved, or transferred		Last balance before closing or transfer
		you now have, or did you have within 1 h, or other valuables?	year	before you filed fo	r bankruptcy,	any s	afe depo	osit box or other dep	posito	ory for securities,
		No								
		Yes. Fill in the details.								
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Des	scribe th	ne contents		Do you still have it?
22.	Hav	e you stored property in a storage unit	or pl	ace other than you	r home within	1 yea	r before	you filed for bankru	uptcy	
	_									
		No								
	_	Yes. Fill in the details.				_				
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)		Who else has or to it? Address (Number, S State and ZIP Code)		Des	scribe th	ne contents		Do you still have it?
D		- Handife Boom anto Vere Hald an October		O El						
Par	9:	Identify Property You Hold or Contro	i tor	Someone Else						
		you hold or control any property that so someone.	omeo	ne else owns? Incl	ude any prope	erty yo	ou borro	owed from, are stori	ng for	r, or hold in trust
		No Yes. Fill in the details.								
		rner's Name dress (Number, Street, City, State and ZIP Code)		Where is the proj (Number, Street, City, S		Des	scribe th	ne property		Value
	Au	and 211' Code)		Code)						
Par	10:	Give Details About Environmental In	forma	ation						

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5 Case 16-80652 Doc 1 Filed 03/17/16 Entered 03/17/16 13:03:01 Desc Main Page 41 of 55
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Shanna D. Perkins Debtor 1

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Street, City, State and ZIP Code) Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and No Yes. Fill in the details. Case Title Court or agency Nature of the case								
No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code)								
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State an	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Case Number Case Number Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or have any of the following conne								
No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Nature of the case Solution of the following connections to any Business 7. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or have any of the following connections or have any of the following connections or have any of	Date of notice							
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Code)								
Address (Number, Street, City, State and ZIP Code) Nature of the case Court or agency Nature of the case Nature of the case State and ZIP Code) Address (Ither Case and ZIP Code) Nature of the case State and ZIP Code) Nature of t								
No Yes. Fill in the details. Case Title	Date of notice							
Yes. Fill in the details. Case Title Case Number Case Number Nature of the case State and ZIP Code	d orders.							
Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any b A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper								
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any b A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper Do not include Social Security number	Status of the case							
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Do not include Social Security number Do not include Social Se								
□ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper	usiness?							
□ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Employer Identification number Do not include Social Security number								
□ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper								
□ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Employer Identification number Do not include Social Security number Do not include Social Security number								
■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper ■ Reployer Identification number Do not include Social Security	☐ An officer, director, or managing executive of a corporation							
Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Do not include Social Security number								
Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Employer Identification number Do not include Social Security number Name of accountant or bookkeeper								
Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper								
(Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper	mah an an ITINI							
Dates business existed	inber of ITIN.							
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include institutions, creditors, or other parties.	e all financial							
■ No □ Yes. Fill in the details below.								
Name Date Issued Address (Number, Street, City, State and ZIP Code)								

Part 12: Sign Below

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Debtor 1 Shanna D. Perkins

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Shanna D. Perkins	
Shanna D. Perkins	Signature of Debtor 2
Signature of Debtor 1	
Date March 17, 2016	Date
Did you attach additiona ■ No	pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
□ Yes	
Did you pay or agree to p	ay someone who is not an attorney to help you fill out bankruptcy forms?
No	
☐ Yes Name of Person	Attach the Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119)

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Debtor 1	rmation to identify your Shanna D. Perkin			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing
Official Fo	orm 108			ů,
		(11"1 .1	uals Filing Under Chapte	7

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

secures a debt?	as exempt on Schedule C?
■ Surrender the property.	■ No
 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. 	☐ Yes
☐ Retain the property and [explain]:	
☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Retain the property and enter into a Reaffirmation Agreement.	■ Yes
	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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B8 (Fo	orm 8) (12/08)			Page 2
Less	or's name:	Acceptance Now	□ No	
			■ Yes	
	cription of lea erty:	sed Furniture Lease, \$1	20/month, Lessee	
Part	3: Sign B	elow		
		perjury, I declare that I have ubject to an unexpired lease	e indicated my intention about any property of my estate that secures a debt and a e.	ny personal
X	/s/ Shanna	D. Perkins	X	
Shanna D. Perkins			Signature of Debtor 2	
Signature of Debtor 1		Debtor 1		
	Date M	arch 17, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80652 Doc 1 Filed 03/17/16 Entered 03/17/16 13:03:01 Desc Main Document Page 49 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Shanna D. Perkins		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	RNEY FOR DE	CBTOR(S)			
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filipe rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be paid	to me, for services rene	dered or to		
	For legal services, I have agreed to accept			500.00			
	Prior to the filing of this statement I have received	<u> </u>	s	500.00			
	Balance Due		\$	0.00			
2. 7	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are mem	pers and associates of r	ny law firm.		
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				v firm. A		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
ŀ	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; 						
	I. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicati 522(f)(2)(A) for avoidance of liens on he	reduce to market value; exe	emption planning	preparation and fil	ing of USC		
б. I	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.	ee does not include the following ischargeability actions, judio	service: cial lien avoidanc	es, relief from stay	actions or		
		CERTIFICATION					
	certify that the foregoing is a complete statement of arankruptcy proceeding.	ny agreement or arrangement for	payment to me for re	presentation of the deb	otor(s) in		
М	arch 17, 2016	/s/ Daniel A. Sprir	nger				
\overline{D}	ate	Daniel A. Springe					
		Signature of Attorne Springer Law Firr					
		2222 E State St					
		Suite 107 Rockford, IL 6110	14				
		815.312.4725	· -				
		dspringerlaw@gn	nail.com				
		Name of law firm					

Doc 1

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Springer Law Firm

2222 East State St. # A-104A, Rockford, IL

815.312.4275

CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not
 include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law
 Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide
 information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement.
- 7. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 8. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 9. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: $\frac{10/22/14}{22/14}$	Attorney Signature: MM
Signature:	• /
Print Name: ShawNA tirkin	Attorney Print: Michael Blues which
	•
Co-Debtor:	
Print Name:	

United States Bankruptcy Court Northern District of Illinois

In re	Shanna D. Perkins		Case No.			
		Debtor(s)	Chapter 7			
	VERIFICATION OF CREDITOR MATRIX					
		Number of	Creditors:	30		
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.					

ABM Parking Services 211B Elm Street Rockford, IL 61101

Acceptance Now Attn: Bankruptcy Dept. 5501 Headquarters Dr. Plano, TX 75024

Americash Loans Attn: Bankruptcy Dept. 4315 E State St Rockford, IL 61108

AT&T PO Box 6416 Carol Stream, IL 60197

Carrington Mortgage Services LLC 1610 E. St. Andrew Place, Ste B-150 Santa Ana, CA 92705

City of Rockford Attn: Bankruptcy Dept. 425 E. State St. Rockford, IL 61104

Comcast Attn: Bankruptcy Dept. PO Box 3005 Southeastern, PA 19398

Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101

DirecTV Attn: Bankruptcy Dept. PO Box 6550 Englewood, CO 80155-6550

Elite Motors Attn: Bankruptcy Dept. 3036 Kishwaukee St. Rockford, IL 61109 Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

Focus Receivables Management 1130 Northchase Parkway SE #150 Marietta, GA 30067

Freedman, Anselmo, Lindberg LLC 1771 West Diehl Road, Suite 150 Naperville, IL 60563

HSBC Auto Finance PO Box 961245 Fort Worth, TX 76161

Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235

Nelnet Loan Services Attn: Bankruptcy Dept 3015 S Parker Rd Ste 425 Aurora, CO 80014

Portfolio Recovery Associates Attn: Bankruptcy Dept. 120 Corporate Blvd., Ste 100 Norfolk, VA 23502

Receivables Performance 20816 44th Ave. West Lynnwood, WA 98036

Rockford Health Physicians Attn: Bankruptcy Dept. 2300 N Rockton Ave. Rockford, IL 61103 Rockford Health System Attn: Bankruptcy Dept. 2400 N Rockton Ave Rockford, IL 61103

Rockford Mercantile Agency Attn: Bankruptcy Dept. 2502 S Alpine Rd Rockford, IL 61108

Rockford Public Library Attn: Bankruptcy Dept. 215 N Wyman St Rockford, IL 61101

Santander Consumer USA PO Box 961245 Fort Worth, TX 76161

Stellar Recovery, Inc. Attn: Bankruptcy Dept. 1327 Highway 2 W, Suite 100 Kalispell, MT 59901

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

TransUnion 555 West Adams Street Chicago, IL 60661

Unique National Collection Attn: Bankruptcy Dept. 119 E Maple St. Jeffersonville, IN 47130

Winnebago County Circuit Court 400 W State St 2013 SC 2563 Rockford, IL 61101

World Finance Corp Att: Bankruptcy Dept. 5301 E State St. STE 109 Rockford, IL 61108